		Substitute for Form PTO-875 Effective December 8, 2004									Application of Docket Number			
		APPL	CATION	AS FILED .	- PART I				. 2004	11/	$\mathcal{Y}\mathcal{Q}$	10	1	
÷	500	(Column 1)			(Column	SMALL ENTITY		OR	OTHER THAN					
	BASIC FEE		NUMBER FILED		NUMBER EXTRA		RATE (I)			7	SMALL EN		ΪΥ	
	SEARCH FEE		N/A		N/A		NVA NVA NVA		150.00	\dashv	PATE	MTE (1) FEE		
	EXAMINATION	FEC	N/A		N/A					-{	HIA	300	.00	
	TOTAL CLAIMS	P). 0 (Q))	NA		N/A				\$250	4	NIA	\$50	\$500	
	MOEPENDENT CLAIMS		minus 20 «						\$100	1 1	N/A	\$200	\$200	
	DI GER I 16(N)		minus 3 =				X\$ 25			OR	X\$50	-		
	APPUCATION S	175	the specif	Cation and	awings exceed	100	X100			1 1	X200	-		
	FEE (3) OFR 16(4))	l Is	\$250 (\$15	Star and apply	cation size fee (ive								
			35 U.S.C. 41(a)(1)(G) and		ction thereof. See			- 1.	1			1		
1	MULTIPLE DEPE	NDENT CLAIR	A PRESEN	TOTOPAIR	37 CFR 1.16(s	<u></u>				- 1		.	[
	* If the difference in	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16())					+180		7	r	+360+	1		
-	* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	T		<u> </u>		 		
- [.	APPLICATION AS AMENDED - PART II						Δ	\sim	1/		TOTAL			
F	3-0-1		`, o	r-f				1						
	4	ST PRESEN			LENTIT	.Y	OR	OTHER SMALL	THAN					
	Y Total	AFTER AMENDMENT PAID FOR				'11	RATE (\$)		XXI-	, F	ATE (\$)		\dashv	
	Independent Minus			2	1/2	5 25	FEE			_ '''	ADOI- TIONAL FEE (3)			
	DI CFR LIANII	9	Minu	3 - 27	7.				0	R XS	50 _	1,00	7	
] =							100	 		R X21	00 _	$ \sim $	-	
┝	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160)						80 =	 				1	-	
						101		 	OF	+30	50 		7	
		(Column 1)		(Column	. .	ADO	LFEE	L	OR	ADOTA 1'O'CA	L FEE		1	
AMENDMENT B		CLAIMS REMAINING	T	HIGHEST	1	ı —			 .		•		1	
	L e	AFTER MENOMENT	1 .	NUMBER PREVIOUSLY	PRESENT EXTRA	RAT	TE (5)	ADOI-		PAT	E (\$) A	<u> </u>	┨	
	DI CFR 1.16(H		Minus	PAID FOR	- 	-		FEE (S	L	1 ""	1 7	ADDI. TIONAL		
	independent OF CFR 1.10(h)).		Minus				25 .		OR	X\$50		EE (t)	1	
	Application Size Fee (37 CFR 1.16(s))					X10	0		OR .	X200				
يا	FIRST PRESENTATIO	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)					$-\top$] ```					
		+18			OR	+360	+360=							
•	If the entry in column	TOTAL ADDL	ŧέ		OR .	TOTAL			**					
	If the entry in column If the "Highest Numb I the "Highest Number The "Highest Number	er. Previously	Paid For the	n column 2, with Y THIS SPACE	e 'O' in column j.			· ·	J	ADD'L FE	E			
]	ne Highest Number	Previously	1410 FOC (N	THIS SPACE	s less than 3 ansa	er 720°.			•					

The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

In Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

I collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the disease) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application form in the USPTO. Time will vary depending upon the individual case Any complete. TO to process) an explication. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, ding pathering, preparing, and submitting the completed explication form to the USPTO. Time will vary depending upon the individual case. Any commente to emount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.